PCT/AU93/00659 USSN: 08/454,295

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY S DOCKET NUMBER 9748

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought

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| the state of the s | |
| the specification of which (check only one item below): | |
| is attached hereto. | v |
| was filed as United States application | |
| Serial No. | |
| on | |
| and was amended | |
| on | (if applicable). |
| □ was filed as PCT international application | |
| NumberPCT/AU93/00659 | |
| on16 December 1993 | 1 |
| and was amended under PCT Article 19 | |
| on | ((f -) |

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowlege the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| COUNTRY pl PCT indicate PCT i | APPLICATION NUMBER | DATE OF FILING (day month year) | PRIORITY UNDER 3 | PRIORITY CLAIMED UNDER 35 USC 119 | |
|----------------------------------|--------------------|------------------------------------|---------------------|--------------------------------------|--|
| Australia | PL 6399/92 | 16 December 1992 | X YES | □ NO | |
| | | | ☐ YES | □ NO | |
| | | | YES | □ NO | |
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| | international app subject matter of manner provided | lication(s) designating the f each of the claims of by the first paragraph of tion as defined in Title | 5. United States Code, §120 of any the United States of America that is this application is not disclosed in Title 35. United States Code, §137. Code of Federal Regulations, the national or PCT international fil | is/are listed below a that/those prior app 112. I acknowlege th \$1.56(a) which occu | nd, insofar as the plication(s) in the ne duty to disclose urred between the | |
| | PRIOR U.S. APPL 35 U.S.C. 120: | | RNATIONAL APPLICATIONS DESIGN | | R BENEFIT UNDER | |
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| | nd Correspondence to: | Scully, Scott, M 400 Garden City Garden City, NY | Plaza | Direct Teler (name and teler Leopol | phone Calls to: | |
| 1 | FULL NAME FAMILY NAME | Scully, Scott, M 400 Garden City Garden City, NY | Plaza 11530 FRST GIVEN NAME | Direct Teler (name and teler Leopol (516) | phone Calls to: phone number) Id Presser 742–4343 | |
| - | FULL NAME OF INVENTOR ANDER | Scully, Scott, M 400 Garden City Garden City, NY | Plaza 11530 FIRST GIVEN NAME Marilyn STATE OF FURTHER COUNTRY | Direct Teler (name and teles Leopol (516) SECOND GIVENT Anne COUNTRY OF CIT | phone Calls to: phone number) Ld Presser 742-4343 | |
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| Т | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME Elizabeth | |
| | OF INVENTION | CLARKE | Adrienne | | |
| 喜 | RESIDENCE & | GITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
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| | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECUNO GIVEN NAME | |
| 202 | RESIDENCE & CHIZENSHIP | UIN | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE AODRESS | POST OFFICE ADDRESS | CITA | STATE & ZIP CODE/COUNTRY | |
| | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECUNO GIVEN NAME | |
| 8 | RESIDENCE & CITIZENSHIP | CITY | STATE OF FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
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| 202 | RESIDENCE & | (;11 v | STATE OR LOBER MICHIGANIA | COULTRA OF CITIZENSHIP | |
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| Н | FULL NAME OF INSERTOR | FAMILY HAME | LIRST GIVEN NAME | SECOND CIVEN NAME | |
| 503 | FULL NAME | CHY | THIST GIVETANAME STATE OF FOHEIGN COUNTRY | GECOMB CAVEN MAINE COUNTRY OF CITIZENSHIP | |
| 203 | FULL NAME OF INVENTOR | | | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| GONATURE OF INVENTOR 204 | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 206 | |
|---------------------------|---------------------------|---------------------------|--|
| DATE 28 /7/95 | DATE | DATE | |
| SIGNATURE OF INVENTOR 207 | SIGNATURE OF INVENTOP 208 | SIGNATURE OF INVENTOR 209 | |
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